

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/25/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>152650</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - CARMEL HEALTH AND LIVING</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/01/2011</b>	
NAME OF PROVIDER OR SUPPLIER  <b>CARMEL HEALTH AND LIVING DIALYSIS</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>118 MEDICAL DR STE 114 CARMEL, IN 46032</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	<p><b>INITIAL COMMENTS</b></p> <p>An Initial Life Safety Code Certification Survey for an End stage Renal Disease (ESRD) facility was conducted by the Indiana State Department of Health in accordance with 42 CFR 494.60(d).</p> <p>Survey Date: 12/01/11</p> <p>Facility Number: 012554 Provider Number: 012554 AIM Number: NA</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Initial Life Safety Code survey, Carmel Health and Living Dialysis was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 494.60(d), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 20, New Ambulatory Health Care Occupancies.</p> <p>This facility was located in a one story building determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in corridors and in all areas open to the corridor.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/01/11.</p>			K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.